

REQUEST FOR MILITARY HONORS

For use of this form, see USAARMC Reg 210-6

DECEASED:

NAME _____ SSN _____ MISSION # _____
GRADE _____
ACTIVE DUTY _____ RETIRED _____ VETERAN _____

FUNERAL:

FUNERAL SERVICE _____ ADDRESS _____
TIME _____ DATE _____
FUNERAL HOME _____ PHONE _____
ADDRESS _____
BURIAL PLACE _____
DETAIL REPORT TO _____ TIME _____

CASUALTY ASSISTANCE OFFICER

DUTY PHONE _____ HOME PHONE _____

HONORS PROVIDED:

OIC/NCOIC _____ FIRING TEAM _____ PALLBEARERS _____
BUGLER/TAPE RECORDER _____ FOLD FLAG _____
SERVICE REPRESENTATIVE _____
CHAPLAIN _____ RELIGIOUS PREFERENCE _____

PERSONS NOTIFIED:

113TH ARMY BAND _____ DATE/TIME _____
UNIT POC _____ DATE/TIME _____
CHAPLAIN _____ DATE/TIME _____

BURIAL ON POST:

PERSON NOTIFIED AT MP _____ DATE/TIME _____
ENTRANCE AND ARRIVAL TIME _____
PERSON NOTIFIED AT AIRFIELD _____ DATE/TIME _____

ACTION BY UNIT

PERSON NOTIFIED AT UNIT _____ DATE/TIME _____
DETAIL OIC/NCOIC (NAME & GRADE) _____
DETAIL DEPARTURE TIME & DATE _____

PERSON NOTIFIED AT 113TH ARMY BAND _____ DATE/TIME _____
BUGLER (NAME/RANK) _____

PERSON NOTIFIED AT TMP _____

REQUEST RECEIVED BY _____ DATE/TIME _____

MISSION COMPLETED _____ DATE/TIME _____